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OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
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	Long Lake						
Philli	ps, WI 54555)					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
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and m	ust identify the	application in which this Po	wer of Attor	ney i	s to be filed.		
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signatu	nature Bullo V					ate 10/2	3/26
Name	Name Brully E. Wychubfernia					elephone 7/5-	262-8110
Title	Presi	Next / (00)				
by the U	SPTO to process) a	is required by 37 CFR 1.31, 1.32 and application. Confidentiality is govern	ed by 35 U.S.C. 1	22 an	d 37 CFR 1.11 and 1.14. T	his collection is asti	mated to take 3 minutes
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